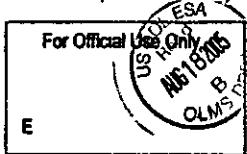


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines, or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <u>9813 INITIAL Filing</u>	2 Fiscal Year Covered From <u>1/1/2004</u> Through <u>12/31/2004</u>
3 Name and address of person filing Name <u>Steven Tyler</u> P O Box Bldg Room No if any _____ Street <u>518 Henry ST</u> City <u>Edwardsville</u> State <u>ILLinois</u> ZIP Code + 4 <u>62025</u>	4 Name file number and address of labor organization Name <u>Lynna 397</u> Labor Organization File Number <u>007-246</u> P O Box, Building and Room Number if any _____ Street <u>518 Henry ST</u> City <u>Edwardsville</u> State <u>ILLinois</u> ZIP Code + 4 <u>62025</u>
5 Position in labor organization : <u>Business Manager / Sec Treasurer</u>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name _____ Trade Name if any _____ P O Box Bldg Room No if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7 a Nature of Interest, Transaction or Income _____ 7 b Amount _____

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct, and complete (See the section on penalties in the instructions)	
Signed <u>[Signature]</u>	On <u>8-8-05</u> Date <u>618-656-4825</u> Telephone Number

Name of Person Filing <u>Steve Tyler</u>	File Number U <u>Partial Filing</u>
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested ☒

<p>8 Name and address of Business (including trade name if any)</p> <p>Name <u>SPECTOR + WOIKE PC</u></p> <p>Trade Name if any _____</p> <p>P O Box Bldg Room No if any _____</p> <p>Street <u>201 Arizona</u></p> <p>City <u>Kirkwood</u></p> <p>State <u>MO</u> ZIP Code + 4 _____</p>	<p>9 Business deals with</p> <p><input checked="" type="checkbox"/> a Labor Organization</p> <p><input type="checkbox"/> b Trust</p> <p><input type="checkbox"/> c Employer</p>
<p>10 If 9 b or 9 c is checked give trust or employer's name</p> <p>Name _____</p> <p>Trade Name if any _____</p> <p>P O Box, Bldg Room No if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>11 a Nature of such dealing</p> <p><u>Lawyer for Local</u></p> <p>11 b Approximate dollar value of such dealing <u>5000.00</u></p> <p>12 a Nature of interest held or income received</p> <p><u>Boy of Merit</u></p> <p>12 b Amount <u>47.00</u></p>

<p>C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value</p>	
<p>13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)</p> <p>Name _____</p> <p>Trade Name if any _____</p> <p>P O Box Bldg Room No if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14 a Nature of payment.</p> <p>_____</p>
<p>13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14 b Amount of payment.</p> <p>_____</p>

Name of Person Filing <u>Steve Tyler</u>	File Number U <u>Inv. and Filing</u>
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested ☒

8 Name and address of Business (including trade name if any) Name <u>Voellinger Simpson & Associates</u> Trade Name if any _____ P O Box Bldg Room No if any _____ Street <u>4010 N Illinois</u> City <u>Sumner</u> State <u>IL</u> ZIP Code + 4 <u>62220</u>	9 Business deals with <input checked="" type="checkbox"/> a Labor Organization <input type="checkbox"/> b Trust <input type="checkbox"/> c Employer
10 If 9 b or 9 c is checked give trust or employer's name Name _____ Trade Name if any _____ P O Box Bldg Room No if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	11 a Nature of such dealing <u>Local Accountant</u> 11 b Approximate dollar value of such dealing <u>\$5000</u> 12 a Nature of interest held or income received <u>Ball Tickets</u> 12 b Amount <u>\$124</u>

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value	
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name _____ Trade Name if any _____ P O Box Bldg Room No if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	14 a Nature of payment _____ _____ _____ _____ _____
13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14 b Amount of payment _____

Name of Person Filing <u>Steve Tyler</u>	File Number U <u>th. t. i. e. l. F. i. l. g.</u>
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested (X)

8 Name and address of Business (including trade name if any) Name <u>Lakin Law Firm</u> Trade Name if any _____ P O Box Bldg Room No if any _____ Street <u>301 EVANS AVE</u> City <u>WOOD RIVER</u> State <u>IL</u> ZIP Code + 4 <u>62095</u>	9 Business deals with <input checked="" type="checkbox"/> a Labor Organization <input type="checkbox"/> b Trust <input type="checkbox"/> c Employer
10 If 9 b or 9 c. is checked give trust or employer's name Name _____ Trade Name if any _____ P O Box, Bldg Room No if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	11 a Nature of such dealing <u>- No dealings -</u> 11 b Approximate dollar value of such dealing <u>10</u> 12 a Nature of Interest held or income received <u>Ball Tickets</u> 12 b Amount <u>\$200</u>

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value	
13 a. Name and address of Employer or Labor Relations Consultant (including trade name if any) Name _____ Trade Name if any _____ P O Box Bldg Room No if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	14 a Nature of payment _____ _____ _____
13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14 b Amount of payment _____

Name of Person Filing <u>Steve Tyler</u>	File Number U <u>Initial Filing</u>
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested (X)

<p>8 Name and address of Business (including trade name if any)</p> <p>Name _____</p> <p>Trade Name if any _____</p> <p>P O Box Bldg Room No if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>9 Business deals with</p> <p><input type="checkbox"/> a Labor Organization</p> <p><input checked="" type="checkbox"/> b Trust</p> <p><input type="checkbox"/> c Employer</p>
<p>10 If 9 b or 9 c is checked give trust or employer's name</p> <p>Name <u>Missouri Valley Partners</u></p> <p>Trade Name if any _____</p> <p>P O Box Bldg Room No if any <u>Suite 500</u></p> <p>Street <u>135 N. Meramec</u></p> <p>City <u>St. Louis</u></p> <p>State <u>MO</u> ZIP Code + 4 <u>63105</u></p>	<p>11 a Nature of such dealing</p> <p style="text-align: center;"><u>Investment Service</u></p> <p>11 b Approximate dollar value of such dealing <u>\$5,681,600</u></p> <p>12 a Nature of interest held or income received</p> <p style="text-align: center;"><u>Investment Meeting</u> <u>Admission Ticket</u></p> <p>12 b Amount <u>\$100</u></p>

<p>C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value</p>		
<p>13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)</p> <p>Name _____</p> <p>Trade Name if any _____</p> <p>P O Box Bldg Room No if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14 a Nature of payment.</p> <p>_____</p> <p>_____</p> <p>_____</p>	
<p>13 b Is the Business an Employer or Consultant <input type="checkbox"/> ?</p>		<p>14 b Amount of payment.</p> <p>_____</p>

Name of Person Filing <u>Steve Tyler</u>	File Number U <u>United Fly</u>
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested ☒ (X)

<p>8 Name and address of Business (including trade name if any)</p> <p>Name <input type="text"/></p> <p>Trade Name if any <input type="text"/></p> <p>P O Box Bldg Room No if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>9 Business deals with</p> <p><input type="checkbox"/> a Labor Organization</p> <p><input checked="" type="checkbox"/> b Trust</p> <p><input type="checkbox"/> c Employer</p>
<p>10 If 9 b or 9 c is checked give trust or employer's name</p> <p>Name <u>Trs Fund LIUNA</u></p> <p>Trade Name if any <input type="text"/></p> <p>P O Box Bldg Room No if any <input type="text"/></p> <p>Street <u>1 N Capitol Plaza</u></p> <p>City <u>Springfield</u></p> <p>State <u>IL</u> ZIP Code + 4 <u>62701</u></p>	<p>11 a Nature of such dealing</p> <div style="border: 1px solid black; padding: 10px; margin: 5px;"> <u>District Council Trustee</u> <u>To Promote Unionism</u> <u>Conference</u> </div> <p>11 b Approximate dollar value of such dealing <u>—0—</u></p> <p>12 a Nature of interest held or income received</p> <div style="border: 1px solid black; padding: 10px; margin: 5px;"> <u>Reception - Food ?</u> <u>Do Not Remember Attending</u> </div> <p>12 b Amount <u>103.52</u></p>

<p>C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name if any)</p> <p>Name <input type="text"/></p> <p>Trade Name if any <input type="text"/></p> <p>P O Box Bldg Room No if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>14 a. Nature of payment</p> <div style="border: 1px solid black; height: 150px; margin: 5px;"></div>
<p>13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14 b Amount of payment</p> <div style="border: 1px solid black; height: 30px; margin: 5px;"></div>

Name of Person Filing <u>Steve Tyler</u>	File Number U <u>Initial Filing</u>
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested (X)

8 Name and address of Business (including trade name if any)

Name _____
Trade Name if any _____
P O Box Bldg Room No if any _____
Street _____
City _____
State _____ ZIP Code + 4 _____

9 Business deals with

- ☐ a Labor Organization
☒ b Trust
☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name Central Laborers Pension Fund
Trade Name if any _____
P O Box Bldg Room No if any _____
Street PO Box 1267
City Jacksonville
State FL ZIP Code + 4 62651

11 a Nature of such dealing

- NONE -

11 b Approximate dollar value of such dealing

- 0 -

12 a Nature of interest held or income received

Dinner

12 b Amount

\$53.32

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name _____
Trade Name if any _____
P O Box Bldg Room No if any _____
Street _____
City _____
State _____ ZIP Code + 4 _____

14 a Nature of payment

13 b Is the Business an Employer or Consultant ☐ ?

14 b Amount of payment

Name of Person Filing <u>Steve Tyler</u>	File Number U <u>Int'l 1 July</u>
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any) Name _____ Trade Name if any _____ P O Box Bldg Room No if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	9 Business deals with <div style="margin-left: 40px;"> a Labor Organization <input checked="" type="radio"/> b Trust c Employer </div>
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10 If 9 b or 9 c is checked give trust or employer's name Name <u>MR PPC</u> Trade Name if any _____ P O Box, Bldg Room No if any <u>PO Box 505</u> Street _____ City <u>Collinsville</u> State <u>IL</u> ZIP Code + 4 <u>62234</u>	11 a Nature of such dealing <div style="text-align: center; font-size: 1.2em;"> <u>Discuss Fair Contract Issues</u> </div>
	11 b Approximate dollar value of such dealing <u>0</u>
	12 a Nature of interest held or income received <div style="text-align: center; font-size: 1.2em;"> <u>Regional Contract</u> </div>
	12 b Amount <u>\$ 28³⁰</u>

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name _____ Trade Name if any _____ P O Box Bldg Room No if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	14 a Nature of payment. <div style="height: 100px;"></div>
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13 b Is the Business an Employer or Consultant ?	14 b Amount of payment.
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August 15, 2005

U S Department of Labor
Employee Standards Administration
Office of Labor-Management Standards
200 Constitution Avenue, NW
Room N-5616
Washington, D C 20210

Dear Sir or Madam.

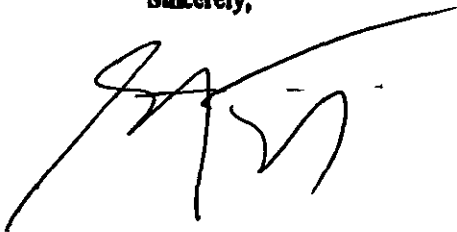
Enclosed is my Labor Organization Officer and Employee Report LM-30 for the 2004 reporting period. In filing the report, I have reviewed all of my available 2004 records as well as my recollection. I have provided my best estimate or an estimated price range for the value of the benefit received where I have no knowledge as to an exact amount.

As you know, it was not until March of this year that the Department of Labor initially announced its intention to provide additional guidance to the reporting community concerning the LM-30 report, to seek systemic compliance with these requirements, and to apply standards adopted in 2005 retroactively to 2004 as a base year in that effort. Further the Department since that time has continued to issue and revise its compliance advice, including guidance regarding related benefit funds. My understanding is that the Department's guidance to date on LM-30 reporting is still changing and remains uncertain in various particulars.

It may be possible that a covered employer or business not listed on my LM-30 report for 2004 provided something of value as to which I have no documentary record nor any present specific recollection. In accordance with your guidance, it is my understanding that, in that circumstance, I am not required to take any further action.

This filing reflects my good faith effort to comply with the LM-30 reporting provisions and in doing so, I have relied upon the evolving guidance from the Department. The enclosed material represents my best recollection and estimate of all lawfully reported benefits that I received in 2004

Sincerely,

A handwritten signature in black ink, appearing to be a stylized 'J' followed by a series of loops and a long horizontal stroke.